

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/520899

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1		
2						
3						
4						
5						
6		2		1		
7		3		1		
8		4		1		
9		5		1		
10		6		1		
11		7		1		
12	1		1			
13		1		1		
14	1		1			
15		8		1		
16		9		1		
17				1		
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		14	←		←
TOTAL CLAIMS		17				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						